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APPLICANTS

~~Yoshifumi Shiraiishi, Matsuyama-shi, JAPAN;~~ ← deleted.

Hiromu Kubota, Saijo-shi, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *pls*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>AV</i>	Initials	

ADDRESS

00116  
 PEARNE & GORDON LLP  
 1801 EAST 9TH STREET  
 SUITE 1200  
 CLEVELAND, OH  
 44114-3108

TITLE

Device to prevent cartridge incorrect insertion, a cartridge auto-changer, and a cartridge automatic control device with an auto-changer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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